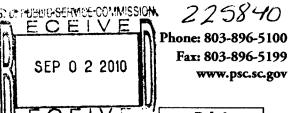
Public Sérvice Commission of South Carolina 101 Executive Center Dr., Suite 100 Columbia, SC 29210

and know the contents thereof, and that said contents are true.





H.E.

Complaint Form Print Date: 09/01/2010 * Required Fields Complainant or Legal Representative Information: Name * Robert A. Gray Firm (if applicable) Mailing Address * 109 Fairview Street SC 29841 Phone * (803) 279-9111 City, State Zip * Belvedere E-mail * heeartofdixie2@comcast.net Name of Utility Involved in Complaint: * SCE&G NOTE: If AT&T is the utility involved, please complete the attachment located at the end of this form. Type of Complaint (check appropriate box below.) * Billing Error/Adjustments Deposits and Credit Establishment Wrong Rate Refusal to Connect Service Disconnection of Service Payment Arrangements Water Quality Line Extension Issue Service Issue Meter Issue Other (be specific) eWNA Name of Have you contacted the Office of Regulatory Staff (ORS)? * Yes No ORS Contact: Forgot name Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.) I do not want to participate in this program with the fuzzy math. I do not believe that it is the Public Service Commission's place to permit SCE&G to amass millions of customer dollars under the pretense of normalizing our bills. Especially when there is no plan to return the money at any set limit of amount of money or elapsed time. This is apparently the slimiest crime perpetrated on the citizens of SC by our PSC. I personally want every one involved in this fired and jailed for this crime against the public interest. Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.) Stop this program right now. This minute, not tomorrow or next week, NOW. STATE OF SOUTH CAROLINA VERIFICATION COUNTY OF Aiken Internal Use Only Processed By Date verify that I have read my complaint filed on 09/01/2010 Robert A. Gray Complainant's Name *